



Facility Identification Form (reporting year ____)

NEDSID: FACILITY:
STREET ADDRESS:
CITY: COUNTY:
STATE: ZIPCODE:

CONTACT INFORMATION

CONTACT: TELEPHONE:

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

MAILING ADDRESS:
CITY: COUNTY:
STATE: ZIPCODE:

SIC1 SIC2 SIC3
SIC CODES

NAICS1 NAICS2 NAISC3
NAICS CODES

DUN & BRADSTREET #: (9 DIGIT)
ME. AIR LICENCE #:

TRI FACILITY ID #:

LOCATION

UTM EASTING:
UTM NORTHING:

OR

LATITUDE:
LONGITUDE:

NUMBER OF EMPLOYEES:

PRINCIPLE PRODUCT:

PARENT COMPANY:

CERTIFICATION: I certify, under penalty of Maine Statute 38 MRSA sec 585 A & C that I have personally examined and am familiar with the information and based on my information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

LAST NAME:

FIRST NAME:

Signature _____

DATE: